

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091469606 FILING DATE

APPLICANT(S)

8/30/4

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
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45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	1		2	1		
TOTAL DEP.	29	2	8	1		
TOTAL CLAIMS	50		10			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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